Agreement	
_	0/1/2009-9/30/2010

Family Guest Speaker Claim Form

I was a guest speaker/panel member for held on		
Date		
Please pay my stipend of \$35.00/session.		
Signature	Date	
Name:		
Address:	_ _	
*Social Security #		
Please mail this claim and the application w	rithin 30 days to:	
Susan White		
Early Childhood Services		
Iowa Department of Education		
Grimes State Office Building-3 rd Flo 400 E. 14 th Street	oor	
400 E. 14 Street		

Des Moines, IA 50319-0146

^{*}We must have your social security number to process this claim and we also need this form mailed in order to have the original signature on file.